

West Manchester Township

A Pennsylvania Second Class Township



Firefighter/EMT Application Packet

Application Instructions

West Manchester Township is currently hiring for the position of Firefighter/EMT (Part-Time). All applicants must meet the following requirements:

- U.S. Citizen
- 18 years of age or older
- High School diploma or GED
- Valid Pennsylvania Class C Driver's License

Along with the above requirements, all applicants must also have the following Fire Service Qualifications (or equivalent) to apply:

- Firefighter I
- Aerial Ops/Practices
- Pump Ops I
- Rapid Intervention Team (RIT)
- Emergency Medical Technician
- Vehicle Rescue Operations
- Current Hazardous Materials Operation
- Emergency Vehicle Operators Course (EVOC)

The following certifications are not required but are strongly preferred:

- Firefighter II
- Truck Company Ops I
- Pump Ops II
- Vehicle Rescue Technician
- Fire Inspector I

Those hired will be required to attend a 2-day orientation class and will have the option to choose

July 18th & 19th or July 25th & 26th

Applicants must return the following:

- Copy of Driver's License
- Completed application for Firefighter/EMT
- Copy of ALL required prerequisites
- Orientation dates preference should you be hired.

Applications must be returned or post-marked no later than April 1, 2026 at 4:00pm. Application packets must be marked "Attention Fire Chief – Application for Firefighter/EMT". Application packets will only be accepted in-person or via mail/delivery at West Manchester Township Municipal Office, 380 East Berlin Rd, York, Pennsylvania 17408.



WEST MANCHESTER TOWNSHIP YORK COUNTY, PENNSYLVANIA

(An Equal Opportunity Employer)

Application for Firefighter/EMT

Applicant Name (Last) (First) (Middle)

Street Address

City State Zip

Primary Contact Number (Area Code & Number) Secondary Contact Number (Area Code & Number)

Email Address

Valid Driver's License Number License Class State of Issue

Are you a U.S. Citizen? Yes _____ No _____ Place of Birth _____

Please briefly explain why you are interested in becoming a Firefighter/EMT for West Manchester Township:

I, _____, understand failure to complete this application packet completely, accurately, and legibly will eliminate me from further consideration.

Applicant Signature

Date

Education

	Name of School	Mailing Address	Did you Graduate	Years Attended	Diploma Or Degree Rec'd
High School					
College					
Technical/Trade					

Employment History

Please provide your employment history beginning with your current or most recent employer. List all positions held including full-time and part-time for the past 10 years. Details of any period of unemployment must be included. Include additional sheets if necessary.

Start Date:	Employer Name:	Phone:	Position Title:	Salary:	Reason for leaving:
End Date:	Employer Address:				
Start Date:	Employer Name:	Phone:	Position Title:	Salary:	Reason for leaving:
End Date:	Employer Address:				
Start Date:	Employer Name:	Phone:	Position Title:	Salary:	Reason for leaving:
End Date:	Employer Address:				
Start Date:	Employer Name:	Phone:	Position Title:	Salary:	Reason for leaving:
End Date:	Employer Address:				

Military Background

Response required for all questions, use N/A if not applicable.

Have you ever served on active duty in a military organization of the United States? Yes _____ No _____

Branch of Service

Dates of active service

Highest rank held during active service

Was your discharge honorable? Yes _____ No _____

Applicant Prerequisites

COPIES OF ALL REQUIRED MINIMUM TRAINING MUST BE ATTACHED TO THE APPLICATION PACKET

NFPA 1001 Firefighter I	Certifying Agency:	Certification Number:	Attach a copy to the application packet
Emergency Medical Technician	Certifying Agency:	Certification Number:	Attach a copy to the application packet
Aerial Operations/Practices	Certifying Agency:	N/A	Attach a copy to the application packet
Pump Ops I	Certifying Agency:	N/A	Attach a copy to the application packet
Rapid Intervention Team (RIT)	Certifying Agency:	N/A	Attach a copy to the application packet
Vehicle Rescue Operations	Certifying Agency:	N/A	Attach a copy to the application packet
Emergency Vehicle Operations (EVOC)	Certifying Agency:	N/A	Attach a copy to the application packet
Hazardous Materials Operations	Certifying Agency:	N/A	Attach a copy to the application packet

Personal References

Please list three persons who are not related to you who have knowledge of your work, character, and abilities.

Personal Reference No. 1

Name/Relationship

Phone Number

Address/City/State/Zip

Personal Reference No. 2

Name/Relationship

Phone Number

Address/City/State/Zip

Personal Reference No. 3

Name/Relationship

Phone Number

Address/City/State/Zip

I have read all material in this application packet, and I certify that all statements made in this application packet and any other materials or documents furnished as part of this application packet are true, complete, and accurate to the best of my knowledge and belief. I further understand that any false statements or omitted information shall be considered sufficient cause for employment disqualification or dismissal.

I further hereby release the Township of West Manchester, agencies, and departments thereof including the Fire Rescue Department, any person or entity acting on their behalf, and all other persons or entities releasing information from any damages or liability as a result of releasing any information to any member of West Manchester Township Fire Department or any person or entity acting on their behalf.

Applicant Signature

Date